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APPLICANTS

David J. Yonce, Fridley, MN;

David Ternes, Roseville, MN;

** CONTINUING DATA *****

This application is a CIP of 10/003,718 10/26/2001
 and is a CIP of 10/251,629 09/19/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	Initials	MN	4	21	5

ADDRESS

21186
 SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH
 1600 TCF TOWER
 121 SOUTH EIGHT STREET
 MINNEAPOLIS , MN
 55402

TITLE

MORPHOLOGY-BASED OPTIMIZATION OF CARDIAC RESYNCHRONIZATION THERAPY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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